

EPO/PPO Plan Comparison

What is an “EPO” plan and how is this different from a “PPO” plan?

An EPO is an HMO-like plan called an Exclusive Provider Organization. The EPO plan follows the same guidelines as an HMO plan. You must obtain services from a contracted network provider. A PPO plan is a Preferred Provider Organization and allows **in-network** and **out-of-network** treatment. *If you obtain out-of-network treatment, you will need to meet a deductible and will pay a percentage of all covered services.*

The State offers “open access” in all of the EPO plans. What does this mean?

Open access refers to how you “access” physicians. Instead of getting a referral from your Primary Care Physician (PCP) to see a specialist, you may schedule an appointment directly with a specialist of your choosing. However, if you wish to obtain specialist referrals through your PCP, you may do so. In either case, the specialist **MUST** be contracted within your network.

The EPO and PPO plans do not have a “gatekeeper”; you may go to any physician or specialist who is contracted with your network.

If my PCP refers me to a specialist or medical provider who is NOT within my EPO network, am I responsible for the medical charges?

Yes. In the EPO plan, all medical services received must be contracted network medical providers. If your PCP has scheduled an appointment for x-rays, laboratory tests, or specialists, you must make sure they are within your medical network.

Why should I select an EPO plan over the PPO?

If you select a PPO network and never use your out-of-network option, you may wish to consider enrolling in an EPO and paying a lower premium. The PPO Plan does offer you the option of receiving services out-of-network while the EPO does not. See the Medical Plans Comparison Chart included in the Special Enrollment packet for a comparison of benefits under the Arizona Benefit Options EPO and PPO plans.

Examples of Premium Differences

State, University, or Public Entities

Employee	EPO/Month	PPO/Month	Cost Savings/Month	Cost Savings/Plan Year
Single	\$25.00	\$140.00	\$115.00	\$1,380.00
Family	\$125.00	\$390.00	\$265.00	\$3,180.00

Retiree w/Medicare (in Maricopa County)

Retiree	EPO	PPO	Cost Savings/Month	Cost Savings/Plan Year
Single	\$ 445.81	\$ 722.91	\$277.10	\$3,325.20
Family	\$1,104.81	\$1,763.81	\$659.00	\$7,908.00

MEDICAL PLANS COMPARISON CHART

	EPOs	PPOs	
These plans are available to employees statewide	RAN+AMN EPO Schaller Anderson EPO	Arizona Foundation PPO Beech Street (Out-of-State only)	
In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties	UnitedHealthcare EPO	UnitedHealthcare PPO	
DEDUCTIBLE/MAXIMUMS	In-Network (Copayments)	In-Network (Copayments)	Out-of-Network (Out-of-Pocket)
PCP REQUIRED FOR EACH MEMBER?	NO	NO	NO
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	NO	NO	NO
PLAN YEAR DEDUCTIBLES			
INDIVIDUAL	N/A	N/A	\$300
FAMILY	N/A	N/A	\$600
OUT-OF-POCKET MAXIMUMS			
INDIVIDUAL	N/A	\$1,000	\$3,000
FAMILY	N/A	\$2,000	\$6,000
LIFETIME MAXIMUMS	N/A	N/A	\$2,000,000
PHYSICIAN SERVICES Office Visits/consultations, Specialist visits/consultations	\$10 copay Max of 1 copay/day/provider	\$10 copay Max of 1 copay/day/provider	30%
PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	\$10 copay/visit	\$10 copay/visit	30%
MAMMOGRAPHY SCREENING (Coverage based on patient age or threat)	N/A	N/A	30%
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	N/A	N/A	30%
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	N/A	N/A	30%
Intensive Care	N/A	N/A	30%
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologist	N/A	N/A	30%
EMERGENCY CARE Urgent Center Care	\$20 copay	\$20 copay	30%
Emergency room	\$75 copay waived if admitted	\$75 copay waived if admitted	\$75 copay waived if admitted
Ambulance (for medical emergency or required interfacility transport)	N/A	N/A	Emergency paid at in-network benefit rate
PRESCRIPTION DRUGS Copays apply for in-network pharmacies only			
Retail: up to 30-day supply per copay Online/Mail-Order: up to 90-day supply for two copays			
Generic	\$10 copay	\$10 copay	\$10 copay
Preferred Brand	\$20 copay	\$20 copay	\$20 copay
Non-Preferred Brand	\$40 copay	\$40 copay	\$40 copay